UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Offering of Class D Preferred Units
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: □ New Filing ☑ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)
Paradigm Spine, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area
505 Park Avenue, 14th Floor, New York, New York 10022 Code) 212-583-9700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area (if different from Executive Offices)
Brief Description of Business
Paradigm Spine is a provider of non-fusion spinal implant solutions.
Type of Business Organization
□ corporation □ limited partnership, already formed □ other (please specify): Limited Liability Company □ limited partnership, to be formed Month Year
Actual or Estimated Date of Incorporation or Organization: [0][9] [0][2] ☒ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]



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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION:

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of

	☐ Beneficial Owner		□ Director	☐ General
heck Box(es) that Apply: ☐ Promoter			_	
full Name (Last name first, if individual) Viscogliosi, Marc				<u></u>
Business or Residence Address (Number and to 05 Park Avenue, 14th Floor, New York		e)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	[] General
Full Name (Last name first, if individual) Steffee, Arthur				<u>-</u>
Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New York	Street, City, State, Zip Cod k, New York 10022	e) 		_ <u>.</u>
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	[] General
Full Name (Last name first, if individual) Pastena, James				
Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New York		e)		
Check Box(es) that Apply: Promoter	☐Beneficial Owner	☐ Executive Officer	☑ Director	☐ General
Full Name (Last name first, if individual) Moran, John				
Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New Yor		le)		
505 Park Avenue, 14th Floor, New 10th	k, New York 10022			
Check Box(es) that Apply: Promoter	□ Beneficial Owner	☑ Executive Officer	☐ Director	□ General
		☑ Executive Officer	□ Director	□ General
Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual)	☐ Beneficial Owner Street, City, State, Zip Coc		□ Director	□ General
Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Lowery, Gary Business or Residence Address (Number and	☐ Beneficial Owner Street, City, State, Zip Coc		☐ Director	□ General
Check Box(es) that Apply: Full Name (Last name first, if individual) Lowery, Gary Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New Yor Check Box(es) that Apply: Full Name (Last name first, if individual) Eisen, Guntmar	☐ Beneficial Owner Street, City, State, Zip Cock, New York 10022 ☐ Beneficial Owner	de) ⊠ Executive Officer		
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Lowery, Gary Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New Yor Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	☐ Beneficial Owner Street, City, State, Zip Cook, New York 10022 ☐ Beneficial Owner Street, City, State, Zip Cook	de) ⊠ Executive Officer		
Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Lowery, Gary Business or Residence Address (Number and 505 Park Avenue, 14th Floor, New Yor Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Eisen, Guntmar Business or Residence Address (Number and	☐ Beneficial Owner Street, City, State, Zip Cook, New York 10022 ☐ Beneficial Owner Street, City, State, Zip Cook	de) ⊠ Executive Officer		

k Box(es	that App	oly: □ Pi	romoter		Beneficia	al Owner	□ E	xecutive	Officer	×	Director	□ General
Name (La			dividual)								· · ·	
			(Number or, New Y				Code)			<u>.</u>		
k Box(es			<u> </u>		Benefic		r 🗆 E	xecutive	Officer	0	Director	□ General
Name (La	ıst name :	first, if in	dividual)					<u> </u>				<u>-</u>
ogliosi ness or R			(Number	and Stree	t, City, St	ate, Zip C	Code)					
Park Av	enue, 1	4th Floo	or, New Y				BOLIT	Occup	1110	·		
				В.	INFOR	MATION	ABOUT	OFFER	RING			
1.	Has the	issuer se					non-accre			this offerin)E.	ıg?	Yes No □ 区
2.	What is	s the min	imum inve	estment th	nat will be	accepted	from any	individu	al?			\$103,500
3.	Does th	ne offerin	ig permit j	oint owne	ership of a	ı single uı	nit?					Yes No ⊠ □
person the nan may set	ssion or s to be liste te of the l forth the	imilar ren ed is an a broker or informa	nuneration ssociated to dealer. If tion for th	n for solic person or more tha at broker	citation of agent of a in five (5)	purchase broker o persons t	rs in conn r dealer re	ection w	ith sales of with the S	f securitie SEC and/o	s in the o r with a s	irectly, any ffering. If a tate or states, lis ker or dealer, yo
	me (Last gliosi &		st, if indiv	ridual)								
Busine	s or Resi	dence A	ddress (Nu					e)			· ·	
			h Floor, i er or Deal		rk, new	YOFK I	JUZZ	·				
States i	n Which	Person L	isted Has	Solicited	or Intends	to Solici	t Purchase					
			or check in				States					
	[AK]	[AZ]	<u>[ÁR]</u>		•			[DC]		e (GA)	- 1 HB	[ID]
	Z IINI	[IA]	[KS]		[LA]	IMA		[ME]		S NNS		
[MT]	[NE]	NVI	[NH]	NJ	[NM]	NY	ING:	[ND]	ОН	[OK]	[OR]	IPA
[RI]	[SC]	[SD]	ITNL.	TXI		[VT]	. WAI	EIWAIL		[WI]	[WY]	PR
Eull Ma		6.	st, if indiv	المناب							<u> </u>	
Busine	ss or Resi	idence A	ddress (Ni	ımber and	1 Street, C	ity, State	, Zip Cod	e)				
Name o	of Associ	ated Brol	ker or Dea	ler								
States i	n Which	Person L	isted Has	Solicited	or Intend	s to Solic	it Purchas	ers				
(CI	neck "All	States" o	or check in	ndividual	States)	~ All	States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[JA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$0_ \$0 **\$**0 \$0 Equity ☐ Common ☐ Preferred \$0 Convertible Securities (including warrants) \$0 Partnership Interests \$17,250,000* \$13,879,399.50 Other: Class D Preferred Units..... \$17,250,000* \$13,879,399.50 Total Answer also in Appendix, Column 3, if filing under ULOE. * Includes an over-allotment option of \$2,250,000. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero.' Number Aggregate Dollar Amount Investors Of Purchase \$13,879,399,50 Accredited Investors..... Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 Regulation A..... Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees \mathbf{X} \$167,611.68 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... X \$1,387,939.95 Other Expenses..... \$48,715.05 X Total \boxtimes \$1,604,266.68 Enter the differences between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4.a. This \$12,275,132.82 difference is the "adjusted gross proceeds to the issuer."

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questions 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$ <u>0</u>	\$_0
Purchase of real estate	\$ <u> </u>	\$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment	\$ <u> </u>	\$ <u> </u>
Construction or leasing of plant buildings and facilities	\$ <u>0</u>	\$ <u>0</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer		
pursuant to a merger)	\$ <u>0</u> □	\$ <u>0</u>
Repayment of indebtedness	\$ <u> </u>	\$ <u>0</u>
Working capital	\$ <u>0</u>	\$ <u>12,275,132.82</u>
Other (specify):	\$ <u> </u>	\$ <u> </u>
Column Totals	\$ <u>0</u>	\$ <u>0</u>
Total Payments Listed (column totals added)	\$ <u>0</u> ×	\$ <u>12,275,132.82</u>

Commission, upon written request of its pursuant to paragraph (b)(2) of Rule 502.	s staff, the information furnished by the issue	r to any non-accredited investor
Issuer (Print or Type)	Signature	Date
Paradigm Spine, LLC	Mare Virigh.	February 12, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Marc Viscogliosi	СЕО	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange

ATTENTION

	E. STATE SIGNATURE		ار این
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this Exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Paradigm Spine, LLC	Mar Visco	February 12, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Marc Viscogliosi	CEO	

Instruction;

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqual under Sta (if yes explant waiver	ification ate ULOE , attach ation of granted) -Item 1)
STATE	Yes	No	Class D Preferred Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		X	103,500.00	1	\$103,500.00	0	\$0		Х
AR									
CA	-	X	624,996.00	3	\$624,996.00	0	\$0		X
со		X	350,001.00	2	\$350,001.00	0	\$0		X
СТ	_	Х	923,000.92	5	\$923,000.92	0	\$0		<u>x</u>
DE									
DC									
FL		X	629,374.50	3	\$629,374.50	0	\$0		X
GA		X	32,476.50	1	\$32,476.50	0	\$0		X
ні		X	45,000.00	1	\$45,000.00	0	\$0		X
ID									
IL									
IN									
IA					****				
KS									
KY	-	<u> </u>				<u> </u>		<u> </u>	
LA					<u>-</u> .			-	<u> </u>
ME									
MD		X	103,500.00	1	\$103,500.00	0	\$0		X
MA		X	45,000.00	1	\$45,000.00	0	\$0		X
MI		X	83,853.00	2	\$83,853.00	0	\$0		Х
MN							· · · · · · · · · · · · · · · · · · ·		

APPENDIX

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqual under Sta (if yes explan waiver	5 ification ate ULOE , attach ation of granted) -Item 1)
STATE	Yes	No.	Class D Preferred Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS			<u> </u>		<u>–</u>			<u> </u>	<u></u>
МО								<u> </u>	
МТ		-							ļ
NE								<u></u>	
NV	!	X	766,750.50	7	\$766,750.50	0	\$0	 	X
NH			<u>-</u>		<u> </u>			<u></u>	
NJ 		X	282,402.00	4	\$282,402.00	0	\$ 0	ļ	X
NM					<u> </u>			ļ	ļ
NY		X	8,844,151.50	13	\$8,844,151.50	0	\$0	ļ	X
NC									
ND									
ОН									
OK									
OR		X	226,894.50	6	\$226,894.50	0	\$0		Х
PA									
RI									
SC						ļ		<u> </u>	
SD	ļ							<u> </u>	
TN								<u> </u>	ļ
TX		X	74,997.00	1	\$74,997.00	0	\$0	<u> </u>	Х
UT	<u>.</u>							ļ	
VT	<u> </u>		<u> </u>						_
VA							 .		
WA		X	103,500.00	1	\$103,500.00	0	\$0	<u> </u>	X

A	P	P	Εŀ	V	D	1	X	
							_	

1	Intend to sell to non- accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purcha (Part C-I	sed in State		under Sta (if yes explan waiver	5 lification ate ULOE , attach ation of granted) -Item 1)
STATE WV	Yes	No	Class D Preferred Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WI									
WY									
PR									

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